

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004369

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 34

FILED JAN 25 1963

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Rev. 4/59

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DATE AMENDED

2/15/63

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF *embalmer*

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Normandy</b>		c. CITY OR TOWN <b>Mineral Point</b>	
Length of stay in lb <b>13 Days</b>		Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Normandy Osteopathic</b>		d. STREET ADDRESS (If outside, give location) <b>Route 1</b>	
3. NAME OF DECEASED (Type or print) First <b>Karl</b> Middle <b>—</b> Last <b>Bartel</b>		4. DATE OF DEATH Month <b>January</b> Day <b>1</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-5-1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BUTCHER</b>	
11a. FATHER'S NAME <b>KARL BARTEL</b>		11b. MOTHER'S MAIDEN NAME <b>WILHELMINA SOMMER</b>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		12b. SOCIAL SECURITY NO. <b>663-1-1111</b>	
13a. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Respiratory Paralysis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b>		<b>2 yrs</b>	
DUE TO (c) <b>Cerebral Arteriosclerosis</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Essential Hypertension</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>5:00</b> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/>		Month, Day, Year <b>1-1-63</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY <b>St. Louis</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>12/19/62</b> to <b>1-1-63</b> and last saw him alive on <b>1-1-63</b>		Death occurred at <b>5:00 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>William D. McVane, DPO</b>		22b. ADDRESS <b>7811 Coronado Ct Clayton, Mo 63105</b>	
22c. DATE SIGNED <b>1/2/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JAN-5-1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mem Hope Cem.</b>		23d. LOCATION (City, town, or county) <b>LEMAP, MO</b>	
24. FUNERAL DIRECTOR <b>Fey Funeral Home, MEHLVILLE MO</b>		25. DATE RECD. BY LOCAL REG. <b>1-5-63</b>	
26. REGISTRAR'S SIGNATURE <b>J. B. Murphy, M.D.</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK.  
OR  
TYPEWRITER RIBBON

FEB 14 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Gustav W. Hiesters*

Licensed Embalmer No. 4329

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.